Compulsive Eating

What is compulsivity?
A compulsive voice might say: “I have to do it!” Usually there is a sense of urgency. Feeling like there is no other choice is typical. These responses are a reaction to some type of trigger: an event, an interaction, feeling hungry, angry, lonely, or tired, or helpless, or are a result of a traumatic experience. The cycle includes a triggering experience, which induces feelings of stress, followed by binge eating to relieve unwanted feelings, resulting in feeling guilt, leading to an increase in resolution to stop overeating and to diet. Compulsivity is a loss of control.

There is a significant emotional component to compulsive overeating. Your friend may think and/or feel that he/she “deserves” a reward or comfort. Reaching for food may be a habit; an automatic response. Most of us can control what food is available to us. We can “manage” to get food. It is a dependable resource. Maybe we learned of its availability and effectiveness in soothing us early in childhood where eating patterns are formed. Foods do impact brain function and may, indeed, make us feel better for a discrete amount of time.

Rationale for compulsive eating:
- Using food as a reward
- Using food as a distraction or comfort; an attempt to manage hidden issues
- Eating when not hungry
- Feeling that you can’t stop eating once you start
- Sneaking food
- Hiding or stashing food
- Eating instead of addressing feelings of sadness, boredom, anxious, or anger
- Excess body size may serve as protection from further physical/sexual abuse

Compulsive overeating, uncontrollable eating, is followed by feelings of shame or guilt. Inevitably it results in weight gain.

Signs and symptoms of compulsive eating:
- Eating large amounts of food even if you don’t intend to
- Consuming food at a rapid pace
- A lack of awareness during the process of overeating
- “Grazing” behaviors; eating throughout the day
- Avoidance of eating with others
- Physical symptoms of bloating, heartburn, fatigue, abdominal discomfort
- Feeling depressed, ashamed, or guilty after consuming large amounts of food
- Mood is based on perception of controlling food
• Cyclic dieting in an attempt to stop the behavior and or to control weight gain
• History of weight fluctuations
• Withdrawing from activities because of embarrassment about weight
• Attempting multiple diets frequently
• Attributing disappointments and failures to weight and size
• Awareness of abnormal eating patterns
• Weight is life’s focus, spending excessive amounts of time and thought devoted to food

Reasons to intervene:
• Yo Yo dieting is physically harmful.
• Being overweight is potentially unhealthy: heart ailments, high cholesterol, diabetes, kidney disease, arthritis, bone deterioration, sleep disturbance, high blood pressure, stroke, constipation, lack of fitness, fatigue, mobility problems
• Overweight people are often stereotyped as lazy, prompting prejudicial treatment.
• Relying on food is an ineffective means of dealing with feelings.
• Caring support is often the key necessary for making healthy changes.
• May provide your friend the encouragement to identify more effective coping strategies.
• Assisting your friend to become more mindful, rather than trapped in habitual reactions, contributes to a happier, healthier, more fulfilling lifestyle.

RESOURCES:

www.nationaleatingdisorders.org
www.aedweb.org
www.oa.org
www.iaedp.com
www.edin-ga.org
www.ANAD.org
www.raderprograms.com
www.eatingmindfully.com
www.mirror-mirror.org
www.bulimia.com
www.centerforchange.com

Eating in the Light of the Moon by Anita Johnston

Boundaries: Where You End and I Begin by Anne Katherine

Bodylove by Rita Freedman

When Food is Love by Geneen Roth
FAQs

Q. Are there “good” and “bad” foods?
A. Foods are neutral. Food is fuel. Amounts and frequency of eating certain foods can impact body size but there are no "bad" foods.

Q. Is compulsive eating treatable? Is recovery possible?
A. Compulsive eating is treatable with counseling and therapy and in some cases, with psychotropic medications. Statistics reflect that approximately 80% of sufferers seeking professional support experience significant reduction in symptoms, with many recovering completely.

Q. What is proper treatment for compulsive eating?
A. Because eating disorders are behavioral patterns, which are a result of unresolved emotional conflicts, the conflicts need to be addressed and ultimately resolved or neutralized in order for the sufferer to develop a healthy relationship with food and body image. Compulsive eating is a serious condition and should be addressed with appropriately trained professionals. Medical care, nutritional counseling, and talk therapy are standard modalities of treatment.

Q. Is being overweight a character indicator?
A. While cultural stereotypes may suggest that an individual who compulsively overeats, simply lacks self control and is naturally lazy, there is no substantiation for this bias. The emotional reactions of guilt, shame, self-loathing and depression may curtail the energy and attention of the sufferer and may be interpreted as lack of intention.

Q. Why can’t an overeater just stop?
A. Like other addictive behaviors, an addiction to food serves as an effective means to avoid feelings that are difficult to confront and to resolve. It is a “detour” that works to a certain degree. It is reinforcing because it does distract the individual from attending to the uncomfortable source of the unwanted feelings.

Guidelines for supporting a friend

While we know that, ultimately, we cannot exercise control over the behavior of another person, when there are indicators that a friend may be at risk, you do have power over your choices. You can offer support. That may be sitting up late and talking; it may be inviting the friend to have a meal with you; it may be
assisting in finding a therapist or making a phone call home. You have a better chance of success if you are informed about available resources as well as having listened well and cared enough to have observed the reality of your friend’s situation.

There is no way to gauge how the friend will respond to your offer of support. It is worth a risk of your friend becoming upset, to demonstrate your willingness to help. Your efforts and expressions of encouragement and concern may be crucial to your friend’s well being.

You do not have to wait to have “proof” of a full-blown eating disorder to express concern.

**What you can do and how you can do it:**

- Choose a private place and an un-hurried time.
- Reflect understanding and concern. Empathy is necessary.
- Stay open to the perceptions of your friend even if they are different than your own.
- Talk about what you have observed. “I noticed that you have eaten that whole bag of chips.” “I heard you getting the bag of cookies last night after we went to dinner” “I worried when I noticed that you ate the whole extra-large pizza.
- Phrase comments in neutral tones. “I’m worried that you aren’t happy.”
- Mention concerns other than food and body.
- Share information about resources.
- Avoid arguing with your friend.
- Accept your limitations.
- Exercise patience.
- Refuse to become “the food police”.
- Avoid discussing appearance.

Based on materials from: *The Eating Disorder Sourcebook* by Carolyn Costin, M.A., M.Ed., MFCC